NOTE: Request for donations must be received at least 7 working days before the event.

Today’s Date: ____________________ Event Date: ____________________

Name of Organization (no abbreviations please): ____________________

Contact Name: ____________________

Phone: ____________________ E-mail: ____________________

Event Details: ____________________

   Event Title: ____________________

   Location: ____________________ Estimated attendance at event: ____________________

   Description of event (Purpose and who is attending): ____________________

   ____________________

To be approved, donations require a direct and specific benefit to the University. Please explain 1) the direct benefit to the University and 2) describe how The Mizzou Store will be recognized as a contributor to this event.

   ____________________

   ____________________

Level of support being requested: ____________________

Date requested donation needed by: ____________________

MAIL OR FAX THIS FORM TO THE ADDRESS ABOVE.

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
<th>Date Responded: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Given:</td>
<td>____________________</td>
</tr>
<tr>
<td>Stock out form completed? □ YES □ N/A Record and initial ____________________</td>
<td></td>
</tr>
</tbody>
</table>

I PICKED UP THE ABOVE ITEM(S) FOR MY ORGANIZATION:

Print Name: ____________________ Signature: ____________________ Date: ____________________